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Review

Psychological and social adjustment in older transsexual people

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ABSTRACT

Several forces conspire to make the later decades a climacteric for transgendered persons. This paper will examine the social, emotional, and hormonal influences that entwine and challenge the stability of the elderly transgendered person. Case studies and therapeutic interventions will be addressed. Within our article, the cases are fictitious and therefore consent was not required for our vignettes.

Contents

1. Introduction

There is scant literature addressing the issues faced by aging transgendered persons. The literature that does exist deals largely with the lack of adequate and appropriate services for aging gender non-conforming and transgender persons. While terminology and theories of etiology have evolved since the phenomenon of transsexualism was first introduced in the 1950s, the issues that elderly people routinely encounter are remarkably consistent for all seniors: Namely, health, social isolation and income.

Several authors have focused on these issues as they relate specifically to the transgendered elderly. Barriers to health care are amplified in this population, due largely to stigma, lack of knowledgeable caregivers and lack of insurance. Similarly, ageism, discrimination in employment, lack of affordable housing, and lack of social and familial support besiege older gender non-conforming adults [1–5].

However, there is a veritable dearth of information focusing on clinical issues affecting elderly gender dysphoric individuals. In 1979, Lothstein [6] published a study of ten such older individuals requesting sex reassignment surgery. He stated that a review of the literature "failed to reveal a single article wholly devoted to this issue." Lothstein viewed gender dysphoria as a serious disturbance in object-relations and a pathologically introjected, highly cathected mother–child relationship [7]. While this archaic, etiological model has long been discredited, Lothstein's views regarding clinical presentation and treatment in this cohort retain some relevance for two reasons:

First, Lothstein concluded that estrogen treatment was beneficial for aging male-to-female patients with mild to moderate

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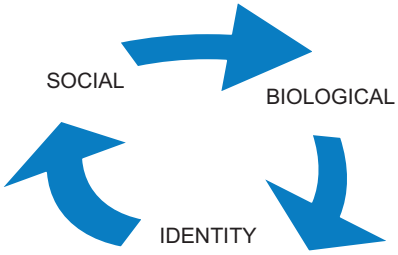
depression, and that surgery may be the treatment of choice for some elderly patients. Thus, although he egregiously pathologized the aging cohort, he nevertheless recognized, and indeed endorsed, the therapeutic efficacy of medical and surgical interventions for the treatment of gender dysphoria.

Secondly, and more germane, is his apt description of the clinical features of the aging patient: "The aging gender dysphoric patient presents in acute crisis, that is, exhibiting marked depression. . .and urgent perception of time." He goes on to portray such an individual as "particularly ill-equipped to face the physical deterioration caused by aging." He perceived, in the phenomenological angst unearthed, that aging and gender dysphoria conspire at their intersection to create a particular pathos.

In contemporary Western societies, it is not unusual for transgendered individuals to present to a clinician at age sixty, or older. A case report of an individual undergoing gender confirmatory surgery at the age of 74 was published in 1985 [8]. In this case report a man "happily married" for 37 years with heterosexual behavior (but also a low rate of fetishistic masturbation) is reported. Transvestic behavior did not occur until 10 years after the death of his wife. This early report describes social variables, role models and other external influences that contributed to his decision.

A recent study looking at health related quality of life following gender reassignment treatment of 148 current and former transgender patients at a clinic in Belgium describes factors of socioeconomic importance [9]. Significantly lower QOL scores for transgender persons that were older, uneducated, unemployed, had a low household income and were single were identified. The authors mentioned in general these findings are in line with previous European findings in general populations and other patient groups. As such they underlined the importance of providing qualitative accessible care for those in more vulnerable socioeconomic positions.

Three forces converge in late adulthood to provoke personal crisis in the elderly transsexual: social, identity and hormonal.



1.1. Social factors

With normal aging, social responsibilities decline. Career and work expectations wane, and some individuals enter retirement. Similarly, child-rearing typically reaches an end, as children mature and leave home. For many, social networks decline, as friends and acquaintances die, or withdraw from social constellations.

The deterioration of physical strength and health, cause many to limit activities, or become more dependent on others. Likewise, reduced income, and rising health care costs may limit social interaction.

Case vignette 1:

Dr. Bradley Jones is a 65-year-old retired physician. His early life was spent attending the best preparatory and medical schools. After completing his training, he became chief of medicine at a large teaching hospital. He was married, with children and grandchildren, when he retired from active practice.

Since age four, Dr. Jones felt as though he would have preferred to have been born female. Although this feeling persisted throughout his lifetime, he never cross-dressed or associated with anyone who was gender-variant. In fact, while the feelings arose frequently, they never interfered with his exceptionally high level of functioning. That is, until he retired. At that time, he began to experience an intense preoccupation with transforming himself into a woman.

Traveling to a small town where he was unknown, Dr. Jones obtained hormones and began counseling. His wife divorced him, and he continued to pursue information about this previously closeted sector of his life. However, Dr. Jones met a middle-aged woman, and fell in love. Concluding that his decision to take hormones was foolish, he committed to a new marriage.

Much to his surprise, nine months later, the urge to pursue feminization reared its head again. This time, Dr. Jones felt he had no choice but to resolutely address the issue. He dismantled the brief marriage and underwent facial feminizing surgery, hormonal reassignment, genital surgery, and preparation for a life devoid of the status he had previously enjoyed.

Case vignette 2:

Martin is a 70-year-old natal female who lives alone with his beloved animals in a small, rural town. At age 40, he realized he was not a lesbian, and determined that he must live as a man. The neighbors in the community and church thought of "her" as a spinster, and were puzzled as "she" slowly altered "her" appearance. Martha requested that they call him "Marty". He underwent chest surgery and enjoyed the congruity of living as a man, although he suffered many social losses in his conservative community and church.

Last year, Martin was admitted to a large urban hospital for treatment of melanoma. When the medical personnel saw that "she" had undergone mastectomy, they assumed it was due to a disease condition, i.e. breast cancer. Martin was uncomfortable explaining his unusual presentation to all of the medical people involved with his care. The hospital staff treated him as though he were female, which further agitated Martin.

This illustrates how failing health can lead to a situation where many new people unexpectedly enter one's life. Suddenly, the elderly transsexual person has to educate a whole new cadre of people. And this scenario occurs when the person has the least available energy to deal with an influx of interlopers unenlightened about the condition.

A recent report from California by Smith et al. [10] collected qualitative data from the LGBT community which illustrates some perceived unmet needs. The findings suggest that aging can be a daunting prospect and particularly that elderly LGBT individuals may find themselves vulnerable to prejudice from professionals. Suggestions included open GLBT specific centers to congregate and more community activities for individuals and their partners. It was also suggested that housing projects specifically for LGBDQ people should be initiated. A respondent identified that this was already happening in other states outside of California.

1.2. Identity and phenomenological factors

Personality theorists have delineated crises and resolution in the human being at different developmental epoch. For the aged, they involve the imminence of one's own death and the realization that time is running out. Any identity alteration must be swift, and is often catalyzed by a dramatic event. For example, the death of one's spouse provokes the feeling that "life is short. . .I must act now." An opportunity for self-determination arises. Similarly, many clients come forth with a desire to transition following a global event—the

September 11 phenomenon––expressing the belief that life is out of one's control: the future is entirely unpredictable and random and one must take action now.

With the aforementioned social changes that accompany aging, the social landscape changes, and with it, the tyranny of the public self is dethroned. Diverse public selves which have been carefully constructed become dismantled. As this happens, an emphasis on self-appraisal is amplified. The question "Who am I, and what is the influence of others upon my self-concept?" becomes pressing. Through chronic distortion to others, the individual has developed a self-structure estranged from the reality of spontaneous experience. In other words, he or she, becomes self-alienated. While the attempt to organize the self-concept is continuous throughout life, with age, thoughts, feelings and memories can threaten identity.

Case vignette 3:

Jonathan is a 60-year-old natal male. As a young man, in the 1970s, he confided to his mother that he was a transsexual, and in desperate need of treatment. He sought out a psychiatrist who specialized in gender identity disorder. The psychiatrist confirmed that Jonathan was a bona fide transsexual, and, in due course, referred him for hormones. The hormones were extremely ego-syntonic, and Jonathan changed his name to Barbara and began appearing publicly as a woman. He obtained breast implants, although the plastic surgeons whom he consulted were denigrating to him, and performed poor augmentation and cosmetic procedures.

At this point, Jonathan's mother begged him to get a second opinion before proceeding to sexual reassignment surgery. He consulted with a second psychiatrist, who opined that transsexualism is a mental disorder and cannot be cured by surgery. In fact, she told Jonathan that it would be insanity to have surgery, as it would forever render him a eunuch without ameliorating the mental disorder that sustains the delusion.

Jonathan recalls being extremely agitated and frightened at the notion that he might be crazy. He didn't know where to turn. He consulted with yet another psychiatrist, who concurred that Jonathan's wish for surgery was the result of having a "borderline psychotic" disorder. He advised Jonathan to revert to living as a male and to undergo psychoanalysis. Confused and anxious, Jonathan had his breasts removed and resumed life as a male. He reasoned that the first psychiatrist was relatively young, and therefore was less experienced than the others he consulted.

At age 31, Jonathan married a woman and the couple raised four children. Jonathan became wealthy as a result of his successful real estate business. Life was good for Jonathan—until he turned 53. That is when he found himself dwelling on those months in his youth when he was Barbara; enjoying the attention of men and the friendship of women. Initially, the memories were fleeting, but they escalated to the point where, periodically, Jonathan would self-administer estrogen to experience some sense of feminization. He did so without his wife's knowledge.

For the following seven years, Jonathan went on and off hormones, still maintaining an active sex life with his wife, and enjoying time spent with children and grandchildren. But Jonathan recalls persistently thinking "Will I die never having lived life authentically? Will I die not having lived as Barbara?" Now, at age 60, Jonathan has reentered therapy, and is steeling himself to leave his family, his fortune, and the life he has enjoyed for 30 years. He is tormented by a conflict that has mushroomed into a full-blown crisis. His wife has made it clear that if he transitions she will cut off all contact, and regard him as "dead". He lives, hanging on the horns of a dilemma, terrified by both options and their attendant consequences.

Case vignette 4:

Andrew is an 84-year-old biological male who presents, for the first time, to a mental health professional, requesting sex reassignment surgery. While he understands that this is highly unusual, he explains that he grew up in an era where there was no information about transsexualism or available treatments. While he always knew he was different than other men—in fact, his first wife left him for another man and Andrew raised the children––he never understood his longing to be female. His health is excellent, and he swims one mile daily. In fact, it is the swimming that is the impetus for his desire for genital surgery. He would like to use the women's locker room.

Andrew has been receiving feminizing hormones to combat an elevated PSA. These have been provided by his family physician, but she has never entertained the idea that he might be a candidate for surgical interventions at his advanced age. Andrew is rejected by all North American surgeons and goes abroad, where he attains partial surgery—orchidectomy and penectomy. After recovery, he is able to live his remaining years in a most satisfying and authentic way.

A recent study in Sweden by Jönson and Siverskog [11] illustrated how sexuality can adapt during aging for the LGBT community. The article "turning vinegar into wine: humorous self presentations amongst older" looked at self advertising on two internet dating forums. Of particular note are the self depreciating humor about "old age, being overweight, impotent" and other age related changes, that were in fact part of a repertoire that displayed marketable characteristics such as humor, self distance and honesty.

1.3. Hormonal factors

Finally, it is quite likely that normal hormonal changes of aging act to destabilize the gender dysphoric individual at this stage of life. Post menopausal women produce about 90% less estrogen and biological males begin to show a decrease in hypothylamic pituitary gonadal function at age 30 with, free testosterone declines at a rate of 1% per year. For those individuals who have never taken cross gender hormones, the loss of testosterone may cause depression. This is true in non-transsexual individuals as well as transsexuals, and diminishing testosterone is a threat to cardiovascular health. For the person with gender dysphoria, this progressive linear decline may catapult the person into crisis.

Case vignette 5:

Alexander, who is 63, holds a modest-paying government job. He is well-known in his city, as he often appears on television and at civic functions. He is married, with children and grandchildren.

Alexander was born in a part of the world where strict gender roles were observed. As a child he lived on the family farm, where he was quite isolated. At age 6, he saw farm animals being castrated, and wondered if he could perform such a procedure on himself. He often felt the desire to wear women's clothes, which was unfathomable to him.

At boarding school, Alexander was teased for being a "sissy" and felt uncomfortable amongst his peers. Unlike the other boys, Alexander had no interest in girls or sex. He tried to mimic his schoolmates' behavior, so as not to unmask his secret. As a young adult he was relentlessly pursued by a young lady in the village, and their parents arranged for the two to marry.

As a newlywed, Alexander did not know there was a name for his persistent feelings of discomfort with his male anatomy. But as the years went by, he experienced a relentless escalation of these feelings. Thus, at age 45, he sought counseling. The psychologist educated Alexander about gender dysphoria, and suggested potential treatments, including hormones. Alexander

began taking hormones and stopped having relations with his wife. He continued to behave consistent with the role of responsible male authority figure and provider, but hid the burgeoning secondary sex characteristics from his wife.

Every year, Alexander's desperation and gender dysphoria intensified. He contemplated suicide, but would not disgrace his family or his employer. Alexander began to take medication for anxiety, depression and insomnia. At 65, he was diagnosed with several different diseases. Fearing that he might die, he underwent orchidectomy. This procedure helped dissipate the intensity of his dysphoria and induced the first genuine sense of well-being he had ever known.

2. Discussion

Transgendered persons who transition early are usually able to consolidate their identity by middle and late adulthood. As these individuals age, they face the same issues as other elderly people.

For individuals who have not transitioned early, late adulthood is a particular difficult time of life. Isolation, shame, lack of support, and regrets about the passage of time, can create havoc in previously stable individuals.

Individuals who present to clinicians in middle age, should be made aware that gender issues often intensify with age. Therapists who work with this population must guard against "ageism"—their own preconceived belief that one may be "too old" to make various life changes. Clients who are healthy may indeed benefit from medical and surgical interventions, even at later decades of life.

Successful interventions in this population may differ from those that are effective with younger individuals. Support is crucial, and may supercede the need for conventional psychotherapy. In other words, individuals may need support for reconfiguring their lives with the remaining time, rather than reviewing and regretting previous decisions.

Providers must be flexible and willing to deliver care and services in long-term care facilities, hospitals or convalescent homes. Finally, it is vital to understand that geriatric care of the transsexual person must address social, psychological and physical needs, which are intertwined. Loss of vision, hearing, or other sensorium may be more poignant for the transsexual who feels that he or she has wasted their youth by not transitioning earlier.

Contributors and their role

Randi Ettner, PhD was involved in the lead drafting of the article.

Prof. Kevan Wylie, Consultant in Sexual Medicine, MD FRCP FRCPsych FRCOG was involved in the critical appraisal of content and contribution of secondary text for the content.

Competing interest

Both Randi Ettner and Prof Kevan Wylie are directors on the board of WPATH. WPATH is the World Professional Association for Transgender Health. There are no conflicts of interest with the pharmaceutical industry.

Provenance and peer review

Commissioned and externally peer reviewed.

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